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Bib Data Sheet

CONFIRMATION NO. 2390

SERIAL NUMBER 10/073,065	FILING DATE 02/12/2002 RULE	CLASS 435	GROUP ART UNIT 1648	ATTORNEY DOCKET NO. USF-T156X
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** CONTINUING DATA *****
 This appln claims benefit of 60/325,573 09/28/2001 *[Signature]*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 04/01/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 9	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

Verified and Acknowledged

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TITLE
 Gene expression vaccine

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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